

Declaration of Interest

External Author Form



A. General Information

Full Name: Shaun Morris

Date (MM/DD/YYYY): 10/1/2021

B. Declaration of Interest

Please fill out the following table by indicating whether you or your institution have received compensation, regardless of the amount, in the form of payment or services, from entities in the health care, public health, or other related arenas that could be perceived to influence your collaboration with the Science Table, or related aspects. Please report all compensation that has been received in the last 3 years prior to your collaboration with the Science Table.

If you have selected ‘Yes’ for any of the categories below, please indicate whether the compensation is related to COVID-19 or not, the name of the entity providing the compensation, and an explanation. If you have more than one relationship for each Category, please ensure to include all of them by selecting the ‘+’ sign at the end of each row.

Category	No	Yes, paid to you	Yes, paid to your institution	Related to COVID-19?		Entity	Explanation
				No	Yes		
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pfizer	Co-PI on an investigator led grant related to impact of COVID-19 on routine childhood immunization
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NSERC	PI on grant Stop COVID in Kids – School based vaccine education outreach to build trust and empower families
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CITF	Co-PI on grant Active surveillance for COVID-19 vaccine safety and effectiveness among Canadian children: A Canadian Immunization Monitoring Program ACTive (IMPACT) Project
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CITF	Co-A: Optimizing COVID-19 immunization in patients with adverse events following immunization and patients with immunosuppression in the Special

							Immunization Clinic Network
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CIHR	Co-A: Emerging COVID-19 Research Gaps and Priorities From Idea to Reality: COVID-19 Vaccination for Children and Youth
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toronto COVID-19 Action Initiative	Co-A: Immune Responses to COVID-19: Correlates Across the Age Spectrum
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grand Challenges Canada, Aga Khan Foundation of Canada, Bill and Melinda Gates Foundation	Global health studies in South Asia
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CIRN	Co-A: Optimizing varicella immunization in children with solid organ transplants to prevent disease and improve long-term health.
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHAC	PA - Stop COVID-19 in Kids – School based vaccine education outreach to build trust and empower families.
Consulting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pfizer	Advisory board participant
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for lectures including service on speaker bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GlaxoSmithKline	Payment for lectures unrelated to COVID-19
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Patents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for writing or reviewing any reports or publications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

Provision of writing assistance, equipment, software, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/meeting expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

C. Other Relationships

Are there any other relationships or activities that could be perceived to influence your collaboration with the Science Table (COVID-19 related or not)? Please select one of the following:

- No, there are no other relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.
- Yes, there are relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.

If you have selected 'Yes', use the following table to indicate whether the relationship is related to COVID-19 or not, provide the name of the entity (if applicable), and an explanation describing the nature of the relationship. If you have more than one relationship, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	Related to COVID-19?		Entity	Explanation
	No	Yes		
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

D. Acknowledgement

I certify that the above information contained in this Declaration of Interest is true and correct to the best of my knowledge.

Full Name: Shaun Morris

Date (MM/DD/YYYY): 10/1/2021